

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (A) - PREGNANT WOMEN

A. Target Group:

The Tennessee Department of Health and Environment has defined the target population for prenatal case management as pregnant women who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agency agreement.

B. Areas of State in Which Services Will Be Provided:

Entire State: ☒

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services: ☐

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. ☐

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). ☒

D. Definition of Services:

Targeted case management is a set of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person within the case management provider agency. The purpose of case management services for Medicaid eligible pregnant women is to assist those individuals in gaining access to needed medical, social, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; to discourage overutilization or duplication of costly services; and to reduce infant mortality and morbidity. Case management is not the provision of medical care, but rather provides the necessary integration of non-medical services, such as nutrition, psychological, or health education/health promotion activities with ongoing medical care.

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State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2

A. Target Group:

The Tennessee Department of Health and Environment has defined the target population for infant and child case management services as infants and children to age 2 who would be eligible for a Title V program. Services will be provided in accordance with the Medicaid/Title V agreement.

B. Areas of State in Which Services Will Be Provided:

Entire State: ☒

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services: ☐

Services are provided in accordance with Section 1902(a)(10)(B) of the Act. ☐

Services are not comparable in amount, duration and scope. Authority of Section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of Section 1902(a)(10)(B). ☒

D. Definition of Services:

Targeted case management is a set of interrelated activities under which responsibility for locating, coordinating, and monitoring appropriate services for an individual rests with a specific person within the case management provider agency. The purpose of case management services for infants and children is to assist those individuals in gaining access to needed medical, social, and other services; to encourage the use of cost-effective medical care by referrals to appropriate providers; to discourage overutilization or duplication of costly services; and to reduce infant mortality and morbidity. Case management is not the provision of medical care, but rather provides the necessary integration of non-medical services, such as nutrition, psychological, or health education/health promotion activities with ongoing medical care.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

CASE MANAGEMENT SERVICES

PROGRAM (C) - MENTAL HEALTH

A. Target Group:

Case management services will be limited to those Medicaid eligible clients who meet criteria as specified in Attachment 3.1.A.1 Item 19 (Program C) and Attachment 3.1.B.1, Item 19 (Program C).

B. Areas of State in which services will be provided:

X Entire state.

___ Only in the following geographic areas (authority of section 1915(g)(1) of the Act is invoked to provide services less than Statewide:

C. Comparability of Services

___ Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

X Services are not comparable in amount, duration, and scope. Authority of section 1915(g)(1) of the Act is invoked to provide services without regard to the requirements of section 1902(a)(10)(b) of the Act.

D. Definition of Services:

All clients eligible under this plan will receive an initial assessment to determine service needs. An individual service plan will be developed no later than 30 days after the client is admitted to the case management service. The service plan will address client needs, and a plan to address each need. The service plan will be continually monitored and formally reviewed and revised at a minimum of every six months. The supervisor will sign the plan initially and at each six month update.

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(BERC)

SUPPLEMENT 1 to ATTACHMENT 3.1-A
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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (D) - CHILDREN IN STATE CUSTODY OR AT RISK OF STATE CUSTODY

A. Target Groups

The Tennessee Department of Health has defined the target population as infants/children in or entering State custody or at imminent risk of entering or returning to State custody. The target population includes Medicaid-eligible infants and children to age 19.

Imminent risk is defined as follows:

Imminent risk is a status which, absent of intervention, will likely result in a child being placed in or returned to state custody. A child will be considered at imminent risk as long as there is one (1) or more factor(s) which would likely result in the state serving as custodian for the child. Imminent risk can occur prior to state custody in children who have encounters with the judicial system for acts of delinquency or unruliness, truancy, runaway, etc. (acts that are illegal according to law solely because they are performed by minors) or because of allegations the child has been neglected or abused. Imminent risk can occur after state custody when a child is being returned to the family unit on a trial basis after a period of state custody. Imminent risk will be deemed to not exist in the absence of a strong suspicion the child will soon be in state custody.

B. Areas Of State In Which Services Will Be Provided:

Entire State: X

Only in the following geographic areas (authority of Section 1915(g)(1) of the Act is invoked to provide services less than statewide):

C. Comparability of Services:

Services are provided in accordance with Section 1902(a)(10)(B) of the Act.

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: TENNESSEE

CASE MANAGEMENT SERVICES

PROGRAM (C) - MENTAL HEALTH (continued)

The services covered under this case management program include the following for individuals eligible under the plan:

1. Service planning;
2. Referral and linkages with a broad array of services and not limited just to formal mental health services;
3. Monitoring of the service delivery;
4. Client advocacy to ensure the individual has access to needed services;
5. Assistance to help the client gain adequate community living skills and assistance to help the client address problems in daily living;
6. Immediate assistance in helping the client gain access to crisis intervention services.

E. Qualifications of the Providers

Providers of case management services must be either a:

Mental Health Professional - a person with at least a master's degree and/or clinical training in an accepted mental health field which includes but is not limited to: counseling, nursing, occupational therapy, psychology, social work, vocational rehabilitation or activity therapy,

or:

Mental Health Personnel - a staff member with a Bachelor's degree who works under the direct supervision of a mental health professional. Any exception to the educational requirement must be approved by the Department of Mental Health and Mental Retardation and the Department of Health and Environment.

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State/Territory: TENNESSEE

CASE MANAGEMENT SERVICES

PROGRAM (C) - MENTAL HEALTH (continued)

Service providers will be those who meet the program and fiscal standards of the Department of Mental Health and Mental Retardation, as approved by the state Medicaid agency, who are licensed by the Department of Mental Health and Mental Retardation and who provide services under contract with the Department of Mental Health and Mental Retardation. Service providers will also meet the program and fiscal standards of the state Medicaid agency. Qualified providers will be required to sign a provider agreement specifying that case management services will be available to all who are eligible for the service regardless of ability to pay or source of payment.

- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of section 1902(a)(23) of the Act.
1. Eligible recipients will have free choice of the providers of case management services.
 2. Eligible recipients will have free choice of the providers of other medical care under the plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under other program authorities for the same purpose.

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State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (A) - PREGNANT WOMEN (continued)

Specifically, comprehensive case management will include the following:

1. Collection of assessment data to identify client/family service needs;
2. Development of an individualized plan of care;
3. Coordination of needed services and providers;
4. Enhancement of client/family skills in identifying problems and accessing needed services;
5. Home visits as indicated; and
6. Maintenance of case management records.

Pregnant women may receive case management services from the time their pregnancy is confirmed and through delivery two months postpartum. There is no limit to the amount of time that can be spent providing case management services during the period in which a woman is eligible to receive the services. However, the payment mechanism is a monthly capitation rate based on at least one contact per month. There is also a limit of one home visit per month.

E. Qualifications of Providers:

1. The case manager is an individual who assists clients in accessing the health care, social service, and educational systems to obtain needed services. He/she is a registered nurse or social counselor. The R.N. must be licensed in Tennessee and have a minimum of one year experience in community health nursing. The social counselor must have a bachelor's degree in a social or behavioral science with a minimum of one year experience in a related position. Experience working with pregnant women is desirable for both these professionals. All providers of case management services under this program will receive initial training and ongoing training developed and sponsored by the Department of Health and Environment, Maternal and Child Health Program.
2. Provider Qualifications:
 - a. Must have qualified case manager(s);
 - b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program;
 - c. Must have a referral agreement with the state Title V agency;

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CASE MANAGEMENT SERVICES

PROGRAM (A) - PREGNANT WOMEN (continued)

- d. Must sign an agreement to meet all state prenatal program standards as well as Medicaid program standards including documentation requirements and cost validation methodologies.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.
 1. Options to Receive Services - The receipt of case management services will be at the option of the parents of the individual in the target population. No eligible individual will be forced to receive case management services.
 2. Free Choice of Providers - All eligible individuals will be free to receive case management services from any qualified provider of those services statewide. Even if the individual receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.
 3. Provider Participation - All providers who meet the provider qualifications outlined in E.2 above will be considered qualified providers for case management services.
 4. Unrestricted Access - The state assures that case management services will not be used to restrict the access of the client to other services available under the state plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under the program authorities for this same purpose.

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State/Territory: Tennessee

CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2 (continued)

Specifically, comprehensive case management will include the following:

1. Collection of assessment data to identify client/family service needs;
2. Development of an individualized plan of care;
3. Coordination of needed services and providers;
4. Enhancement of client/family skills in identifying problems and accessing needed services;
5. Home visits as indicated; and
6. Maintenance of case management records.

Infants and children may receive case management services from the time of their birth to their second birthday. There is no limit to the amount of time that can be spent providing case management services during the period in which an infant or child is eligible to receive the services. However, case management will be terminated at any time prior to 24 months of age when the child is no longer in need of these services. The payment mechanism is a monthly capitation rate based on at least one contact per month. There is also a limit of one home visit per month.

E. Qualifications of Providers:

1. The case manager is an individual who assists clients in accessing the health care, social service, and educational systems to obtain needed services. He/she is a registered nurse or social counselor. The R.N. must be licensed in Tennessee and have a minimum of one year experience in community health nursing. The social counselor must have a bachelor's degree in a social or behavioral science with a minimum of one year experience in a related position.

Experience working with infants, children, and families is highly desirable for both these professionals. All providers of case management services under this program will receive initial training and ongoing training developed and sponsored by the Department of Health and Environment, Maternal and Child Health Program.

2. Provider Qualifications:

- a. Must have qualified case manager(s);

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CASE MANAGEMENT SERVICES

PROGRAM (B) - INFANTS AND CHILDREN TO AGE 2 (continued)

- b. Must meet applicable state and federal laws governing the participation of providers in the Medicaid program;
 - c. Must have a referral agreement with the state Title V agency;
 - d. Must sign an agreement to meet all state child health standards as well as Medicaid program standards including documentation requirements and cost validation methodologies.
- F. The State assures that the provision of case management services will not restrict an individual's free choice of providers in violation of Section 1902(a)(23) of the Act.
- 1. Options to Receive Services - The receipt of case management services will be at the option of the parents of the individual in the target population. No eligible individual will be forced to receive case management services.
 - 2. Free Choice of Providers - All eligible individuals will be free to receive case management services from any qualified provider of those services statewide. Even if the individual receives all other Medicaid services from a clinic or in a particular county, the individual will not be limited to case management services from that clinic or in that county.
 - 3. Provider Participation - All providers who meet the provider qualifications outlined in E.2. above will be considered qualified providers for case management services.
 - 4. Unrestricted Access - The state assures that case management services will not be used to restrict the access of the client to other services available under the state plan.
- G. Payment for case management services under the plan does not duplicate payments made to public agencies or private entities under the program authorities for this same purpose.

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